THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) No, Sir. Since, at present only very few CGHS Card holders attend these hospitals setting up a separate OPD for CGHS Card holders may not be cost effective.

Causes of death of pregnant women

†2294. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons behind the death of pregnant women alongwith the number of deaths as a result thereof during the year 2002-03 till June this year;

(b) whether there has been any increase or decrease in such cases during the last two years; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Based on the data provided by the Sample Registration System-1998, of the Registrar General of India, the major causes of deaths of pregnent women are:

1. Direct Causes: Haemorrhage, infections, Obstructed Labour, Unsafe Abortion, Toxemia of Pregnancy etc.

2. Indirect Causes: Anaemia, Viral Heapatitis, Tuberculosis and Malaria.

In addition to the above, socio economic causes like early age of marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency also contribute to maternal mortality.

The exact number of cases of deaths of pregnant women in the country in the year 2002-03 till June, is not available. The Sample Registration System as mentioned above reported the maternal mortality ratio as 407 for the year 1998. Based on this, it is estimated the above. 1.1 lakh women in India die every year due to cause related to pregnancy and childbirth.

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†Original notice of the question was received in Hindi.

(b) and (c) As per the Survey of Causes of Death (Rural) conducted by the office of the Registrar General of India, the contribution of deaths due to pregnancy, childbirth and puerperium to overall deaths has declined from 0.9 percent in 1994. to 0.6 percent in 1998. Information for subsequent years is not available.

Improvement in working of PHCs

2295. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to improve the functioning of Primary Health Centres in the rural areas of the country; and

(b) if so, the details of the programmes and schemes formulated for this purpose?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Primary Health Centres (PHCs) are established and maintained by the respective State government from out of their own resources under the State's health sector outlay. However, the Government supplements the efforts of the States to strengthen Health Care services with the following interventions:

(i) Under the State Health Systems Project, the primary health care infrastructure is being upgraded to provide quality health services to people in rural and backward areas.

(ii) Under the Pradhan Mantri Gramodaya Yojana, specific funds are allocated towards the repair and renovation of the public health infrastructure, purchase of drugs and essential consumables, and for contingencies.

(iii) Area Development Proejcts are being implemented with financial assistance from external agencies for addressing gaps in integrated service delivery through the construction of buildings for sub-centres, primary health centres, and community health centres.

(iv) Under the Major Civil Works component of the Reproductive and